

NC DIVISION MH/DD/SAS DWI SERVICE REVIEW TOOL

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and HIPAA, 45CFR Parts 160 and 164. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C FR Part 2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

PROVIDER:		Monitoring Control No:	
Consumer Name:		JSI Authorization No:	
Treatment Plan Date:	Service Date:		
Service Event Rating Code: 0 = NOT MET; 1 = MET; 9 = NOT APPLICABLE			RATING
AUTHORIZATION STATUS:			
1. Facility is licensed with DFS in accordance with North Carolina General Statute 122C-142.			1.
2. Provider's JSI authorization number is current and in accordance with 10A NCAC 27G.3806.			2.
3. ADETS Provider(s) have been approved by Justice Systems Innovation.			3.
CREDENTIALING/APPROVALS: STAFF: ()			
4. Treatment service and ADETS is provided by staff that is credentialed/qualified as outlined in 10A NCAC 27G, .0104, 3502, .3702, .3802, .3817 of the NC-MH/DD/SAS Rules to provide substance abuse services.			5.
MINIMUM SERVICE PROGRAM CONTENT: in accordance with 10 A NCAC 27G .3817			
5. Services provided in Alcohol and Drug Traffic School.....(ADETS)			5.
6. Services provided in Short-term Outpatient Treatment.....(ST-O)			6.
7. Services provided in Longer-term Outpatient Treatment(LT-O)			7.
8. Services provided in Day Treatment/Intensive Outpatient Treatment.....(IOP)			8.
9. Services provided in Inpatient and Residential Treatment.....(I-Res.)			9.
10. Services provided under Special Care Plan(SCP)			10.
TREATMENT / SERVICE PLAN: as outlined in APSM 45-2 (ADETS is Excluded)			
11. The service plan is current and both the <u>staff and consumer/legally responsible person's signature</u> .			11.
Date of Service: _____ Type of Service Billed: _____ Signature(s): Client _____ Staff _____			
DOCUMENTATION: as outlined in APSM 45-2			
12. Documentation for ADETS service shall include the following. (ADETS is excluded from Q. 13 and 14)			12. ADETS Only
<ul style="list-style-type: none"> ▪ Information regarding the initial assessment to determine eligibility to attend school; ▪ The appropriateness of the referral to a treatment resource if applicable; ▪ A copy of Form No. DMH-508, "DWI Services Certificate of Completion", ▪ Documentation of other relevant transactions and student contacts, i.e. referral to another county and/or non-compliance issues and outcomes; ▪ Pre-test and post-test scores, Driving Record, BAC, and DSMIV diagnosis (.3809) ▪ Homework assignments, if any ▪ Fee paid to Agency or School is \$75.00 ▪ Class roster shows 35 clients or less, with a minimum of 16 hours of classroom instruction. 			
13. Documentation in the service records shall include all of the following.			13.
<ul style="list-style-type: none"> ▪ <u>full date</u> the service provided (month/day/year); ▪ <u>duration of service</u> for periodic and day/night services; ▪ <u>purpose of the contact</u> as it relates to a goal in the service plan; ▪ description of the <u>intervention/activity</u>; ▪ <u>assessment of consumer's progress towards the goal</u>; ▪ <u>professionals signature and credentials</u>, degree, or licensure of the clinician who provided the service; ▪ <u>paraprofessionals, signature and position</u> of the individual who provided the service 			
14. There is documentation that shows before discharging a consumer receiving substance abuse services, the facility completed a <u>discharge plan and referred the consumer to the level of treatment</u> or rehabilitation in accordance with the consumer's needs as outlined in APSM 30-1.			14.
15. The agency or individual performing the services has the <u>Client Consent for Release of Confidential Information</u> as outlined in 10A NCAC 27G .3807 (d).			15.
SERVICE COST & AUTHORIZATION FEE:			
16. Area Program/LME has remitted 5% of fees paid for ADETS school as outlined under North Carolina MH/DD/SAS Law 122C-142.1 (f). (Pending Proposal changes the rate to 10%)			16.
17. The Provider has paid the Department of MH/DD/SAS the applicable fee(s) based upon the previous years assessments according to Section 3. G. S. 122-C-142. (9A1) Authorization of a Private Provider.			17.
REVIEWER:		DATE:	